

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000013024

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: MAINTENANCE SUPPLY SPECIALIST, INC.

## Current Principal Place of Business:

17425 7TH STREET (CR455)  
MONTVERDE, FL 34756

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 560372  
MONTEVERDE, FL 34756

## New Mailing Address:

FEI Number: 59-3298292

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELDRIDGE, LAURA L PD  
16040 RIDGEWOOD AVE  
MONTVERDE, FL 34756 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: ELDRIDGE, TRACY LYNN  
Address: PO BOX 560372  
City-St-Zip: MONTEVERDE, FL 34756

Title: VPD ( ) Delete  
Name: ELDRIDGE, ROBERT WESLEY  
Address: PO BOX 560372  
City-St-Zip: MONTEVERDE, FL 34756

Title: T ( ) Delete  
Name: ELDRIDGE, EDWARD LLOYD  
Address: PO BOX 560372  
City-St-Zip: MONTEVERDE, FL 34756

Title: PD ( ) Delete  
Name: ELDRIDGE, LAURA LEE  
Address: PO BOX 560372  
City-St-Zip: MONTEVERDE, FL 34756

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA LEE ELDRIDGE

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date